MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037699 STATE FILE NUMBER

042 Registration District No. 1000 Primary Registration District No. 1235 Registrar's No.

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

15117

25117

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED NOV 5 1962

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 47 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital #2 — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2908 No. 10th St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: LEVI Middle: ERNEST Last: GILLENWATER

4. DATE OF DEATH: Month: October Day: 30 Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5/8/1885

9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plating Dept.

10b. KIND OF BUSINESS OR INDUSTRY: Western Tablet

11. BIRTHPLACE (City and state or country): Reeds Missouri

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: John Gillenwater

13b. MOTHER'S MAIDEN NAME: Florinda Dowell

14. NAME OF HUSBAND OR WIFE: Mrs. Bertha Gillenwater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

17. INFORMANT: Mrs. Bertha Gillenwater Address: 2908 No. 10th St St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Failure Arteriosclerotic Heart Disease with Acute CHR — INTERVAL BETWEEN ONSET AND DEATH: 20 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Pulmonary fibrosis, etio ? possible the or pneumoconiosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION (C.H.C. or K.M.D.)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY - Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6/1/62 to 10/30/62 and last saw ☒ him alive on 10/30/62
Death occurred at 3:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles M Clark (M.D.)

22b. ADDRESS: State Hospital, St. Joseph, Mo

22c. DATE SIGNED: 10/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/1/62

23c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery

23d. LOCATION (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR ADDRESS: St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: Oct. 31, 1962

26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 10/31/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Charles E Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.